04-27-05 PART B - FEE(S) TRANSMITTAL

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APR 2 5 2005

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| maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  7590 01/25/2005  |  |                                       |   |                        | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |   |   |  |  |
|--|--|---------------------------------------|---|------------------------|---|---|---|--|--|
|  |  |                                       |   |                        |   |   |   |  |  |
| Jonathan P. Osha ROSENTHAL & 6 Suite 2800 1221 McKinney St   | OSHA-E:L:P. OSHA   | LIANG LLP                             |   |                        | Cel<br>I hereby certify that the<br>States Postal Service addressed to the Mai<br>transmitted to the USF  | rtificate of Mailing or Tran<br>his Fee(s) Transmittal is beir<br>with sufficient postage for fi<br>il Stop ISSUE FEE address<br>PTO (703) 746-4000, on the | smission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below. |  |  |
| Houston, TX 7701   |  |                                       |   |                        |   | ·   | (Depositor's name)  |  |  |
|  |  |                                       |   |                        |   |   | (Signature)   |  |  |
|  |  |                                       |   |                        |   |   | (Date)  |  |  |
| APPLICATION NO.  | FILING DATE  | 1                                     | FIRST NAME  | D INVEN                | TOR   | ATTORNEY DOCKET NO.   | CONFIRMATION NO.  |  |  |
| 10/656,682   | 09/05/2003   |                                       | Isaya M   | lorishita <sub>t</sub> | NA/28/2005 DE   | 04995/116001<br>MANU2 00000010 1065668  | 8560  |  |  |
| TITLE OF INVENTION: P  | ROJECTOR AND POWER S   | SUPPLY DEVICE                         |   | i                      | 01 FC:1501<br>02 FC:1504<br>03 FC:8001  | 146<br>30   | 00.00 OP<br>00.00 OP<br>12.00 OP  |  |  |
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FI                              | EE.   | PUBLICATION FEE        |   | TOTAL FEE(S) DUE  | DATE DUE  |  |  |
| nonprovisional   | NO   | \$1400                                |   |                        | \$300   | \$1700  | 04/25/2005  |  |  |
| EXAM   | INER   | ART UN                                | UNIT  |                        | ASS-SUBCLASS  | ]   |   |  |  |
| PERKEY, \  | PERKEY, WILLIAM B  |                                       | 353-085000  |                        | •   |   |   |  |  |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol> |  |                                       | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                        |   |   |   |  |  |
| PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN   | RESIDENCE DATA TO BE<br>an assignee is identified be<br>a 37 CFR 3.11. Completion of<br>EE                               | low, no assignee of this form is NOT  | data will app<br>Γa substitute  | ear on the for filing  | ne patent. If an assign<br>g an assignment.<br>Y and STATE OR CO  |   | document has been filed for   |  |  |
| Please check the appropriate   | e assignee category or categor   | ies (will not be pri                  | inted on the p  | atent) :               | ☐ Individual ☐ C  | orporation or other private gr  | roup entity Government  |  |  |
| 4a. The following fee(s) are enclosed:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies4  |  |                                       | Payment   | in the an              | nount of the fee(s) is en<br>t card. Form PTO-2038<br>ereby authorized by c<br>nber 50-0591   |   | credit any overpayment, to  |  |  |
| _ ` .  | (from status indicated above) MALL ENTITY status. See 3  |                                       |   |                        |   | LL ENTITY status. See 37 C  |   |  |  |
| NOTE: The Issue Fee and P  | is requested to apply the Issurublication Fee (if required) words of the United States Pater                             | ill not be accepted                   | l from anyone   | y) or to               | re-apply any previousl<br>an the applicant; a reg   | y paid issue fee to the applic<br>istered attorney or agent; or t   | ation identified above.<br>he assignee or other party in  |  |  |
| Authorized Signature   | Jan-Chy  | an 2                                  | 1   |                        | Date 4  | 1/25/05   |   |  |  |
| Typed or printed name _  | T. Chyau LI  | ang                                   |   | -                      | Registration  | 4/25/05<br>No. 48,885   |   |  |  |
| an application. Confidential submitting the completed ar   | on is required by 37 CFR 1.31 ity is governed by 35 U.S.C. oplication form to the USPTC of for reducing this burden, she | 122 and 37 CFR 1<br>). Time will vary | l.14. This col<br>depending ur  | llection is            | or retain a benefit by to sestimated to take 12 and or retain a benefit by to set individual case. Any conditional case.  | the public which is to file (an   | ng gathering, preparing, and<br>ime you require to complete   |  |  |

submitting the completed application form to the USTIO. Time will vary depending upon the fine mand/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, r.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

PTO/SB/17 (12-04v2)
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| Effection   | Complete if Known |                           |                                      |               |                          |                   |               |  |
|---|-------------------|---------------------------|--------------------------------------|---------------|--------------------------|-------------------|---------------|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2005   |                   |                           | Application Nun                      | nber          | 10/656,682-Conf. #8560   |                   |               |  |
|   |                   |                           | Filing Date                          |               | September 5, 2003        |                   |               |  |
|   |                   |                           | First Named Inventor                 |               | Isaya Morishita          |                   |               |  |
| <u> </u>  |                   |                           | Examiner Name                        | Examiner Name |                          | William B. Perkey |               |  |
| Applicant claims small entity status. See 37 CFR 1.27   |                   |                           | Art Unit                             |               | 2851                     |                   |               |  |
| TOTAL AMOUNT OF PAY   | Attorney Docket   | No.                       | 04995/116001                         |               |                          |                   |               |  |
| METHOD OF PAYMEN  | T (check all t    | hat apply)                |                                      |               |                          |                   |               |  |
| Check X Credit Card Money Order None Other (please identify):   |                   |                           |                                      |               |                          |                   |               |  |
| x Deposit Account Dep   | osit Account Numb | per: 50-0591 Deposit Acc  | count Name:                          |               | Osha · Liang L           | .LP               |               |  |
| For the above-iden  | tified deposit    | account, the Director is  | s hereby authorize                   | ed to: (ch    | eck all that apply)      |                   |               |  |
| Charge fee(s  | ) indicated be    | low                       | Charg                                | e fee(s) ir   | ndicated below, ex       | cept for t        | he filing fee |  |
| Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   |                   |                           |                                      |               |                          |                   |               |  |
| FEE CALCULATION   |                   |                           |                                      |               |                          |                   |               |  |
| 1. BASIC FILING, SEARC  |                   |                           |                                      |               |                          |                   |               |  |
|   | FILIN             | G FEES SE<br>Small Entity | ARCH FEES Small Entity               | EXAM          | NATION FEES Small Entity |                   |               |  |
| <b>Application Type</b>   | Fee (\$)          | Fee (\$) Fee (\$          |                                      | Fee (\$       |                          | Fees I            | Paid (\$)     |  |
| Utility   | 300               | 150 500                   | 250                                  | 200           | 100                      |                   |               |  |
| Design  | 200               | 100 100                   | 50                                   | 130           | 65                       |                   |               |  |
| Plant   | 200               | 100 300                   | 150                                  | 160           | 80                       |                   |               |  |
| Reissue   | 300               | 150 500                   | 250                                  | 600           | 300                      |                   |               |  |
| Provisional   | 200               | 100 0                     | 0                                    | 0             | 0                        |                   |               |  |
| 2. EXCESS CLAIM FEES  |                   |                           |                                      |               |                          |                   | Small Entity  |  |
| Fee Description   |                   |                           |                                      |               |                          | Fee (\$)          | Fee (\$)      |  |
| Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200   |                   |                           |                                      |               | 25                       |                   |               |  |
| •   | -                 | ig Keissues)              |                                      |               |                          | 200<br>360        | 100<br>180    |  |
| Multiple dependent claims   |                   | ran (th) Food             | Daid (\$)                            |               | Multiple Depende         |                   |               |  |
|   |                   | ee (\$) Fee               | Paid (\$)                            |               |                          | ee Paid (         |               |  |
| - 20 =  | x _               |                           |                                      |               | 66 (4)                   | ce i aid (        | <u>"</u>      |  |
| Indep. Claims Extra   | Claims F          |                           | Paid (\$)                            |               |                          |                   |               |  |
| -3=   | × _               | =                         |                                      |               |                          |                   |               |  |
| 3. APPLICATION SIZE FEE   |                   |                           |                                      |               |                          |                   |               |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                   |                           |                                      |               |                          |                   |               |  |
|   | xtra Sheets       | ,,,,,                     | idditional 50 or frag                | ction there   | eof Fee (\$)             | Fee               | Paid (\$)     |  |
| - 100 =   |                   | /50                       | (round up to a who                   |               |                          |                   |               |  |
| 4. OTHER FEE(S)  Fees Paid (\$)   |                   |                           |                                      |               |                          |                   |               |  |
| Non-English Specification, \$130 fee (no small entity discount)   |                   |                           |                                      |               |                          |                   |               |  |
| Other (e.g. late filing surcharge): 1501 Utility issue fee 1,400.00   |                   |                           |                                      |               |                          |                   |               |  |
| 1504 Fublication lee it   |                   |                           | for early, voluntary, or normal      |               |                          | 300.00<br>12.00   |               |  |
| 8001 Printed copy of patent w/o color (4 copies) 12.00  |                   |                           |                                      |               |                          |                   |               |  |
| SUBMITTED BY  Pegistration No.  |                   |                           |                                      |               |                          |                   |               |  |
| Signature   | Chyan             | ベナ                        | Registration No.<br>(Attorney/Agent) | 33,986        | Telephone                | (713) 22          | 8-8600        |  |
| Name (Print/Type) zionathai   | n P. Ósha         | T. Chyau Lia              | ng #48,8                             | 85            | Date                     | April 25          | , 2005        |  |
|   |                   | /                         | <i>y</i>                             |               |                          |                   |               |  |

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Dated: April 25, 2005

APR 2 5 2005

Signature:

(Denise M. Blocker)



Application No. (if known): 10/656,682

Attorney Docket No.: 04995/116001

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